MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2546

FILED SEP 20 1962

-62-037019 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: St Louis
   b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): RICHMOND HEIGHTS Clayton
   Length of stay in 1b: 1 wk
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary
   Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo b. COUNTY: St Louis
   c. CITY OR TOWN: Vineta Park — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 8239 Buchanan — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First G Middle Joseph Last Followell (ak as Falwell)

4. DATE OF DEATH: Month, Day, Year: Sept 1, 1962

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/13/82

9. AGE (last birthday): 80
   IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Lousiana, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Followell

13b. MOTHER'S MAIDEN NAME: Mary McCarthy

14. NAME OF HUSBAND OR WIFE: Elizabeth Followell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Elizabeth Followell 8239 Buchanan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Bronchopneumonia - C. U — INTERVAL BETWEEN ONSET AND DEATH: 7 da
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Arteriosclerotic Heart Disease — yrs.
   DUE TO (c):
   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/23/62 to 9/1/62 and last saw her him alive on 9/1/62

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warwright J MD

22b. ADDRESS: #161 Vandover

22c. DATE SIGNED: 9/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9/5/62

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cem

23d. LOCATION (City, town, or county) (State): Louisiana, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ortmann F Home 9222 Lackland

25. DATE RECD. BY LOCAL REG.: 9-2-62

26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Al C Ortmann

Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.